| DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 USC § 371  INTERNATIONAL APPLICATION NO. INTERNATIONAL FILING DATE PCT/US03/16296  TITLE OF INVENTION MULTIPLE WIRE CABLE CONNECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FORM PT<br>(REV 10-2      |             | U.S. DEPARTMENT OF COMME                                                                                                                                                                  | RCE PATENT AND TRADEMARK OFFICE           | DECEMBER 23, 2004                           |  |  |  |  |  |  |  |
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| DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 USC § 371  INTERNATIONAL APPLICATION NO. INTERNATIONAL FILING DATE PCT/US03/16296  INTERNATIONAL APPLICATION NO. INTERNATIONAL FILING DATE PROPERTY DATE CLAIMED 10/07/2002  INTERNATIONAL APPLICATION NO. INTERNATIONAL PROPERTY DATE PCT/US03/16296  INTERNATIONAL APPLICATION NO. INTERNATIONAL PROPERTY DATE PCT/US03/16296  INTERNATIONAL PROPERTY DATE PCT/US0          | 11124 1042                | ,           | TRANSMITTAL LETTER TO                                                                                                                                                                     | DECEMBER 03, 2004                         |                                             |  |  |  |  |  |  |  |
| CONCERNING A FILING UNDER 35 USC § 371    S.APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |             |                                                                                                                                                                                           | AFTORNET DUCKET NUMBER                    |                                             |  |  |  |  |  |  |  |
| INTERNATIONAL APPLICATION NO.   INTERNATIONAL FILING DATE   PRIORITY DATE CLAIMED   22/05/2003   PRIORITY DATE CLAIMED   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2002   10/07/2            |                           |             |                                                                                                                                                                                           |                                           |                                             |  |  |  |  |  |  |  |
| INTERNATIONAL APPLICATION NO.   INTERNATIONAL FILING DATE   PRIORITY DATE CLAIMED   22/05/2003   PRIORITY DATE CLAIMED   10/07/2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |             | •                                                                                                                                                                                         |                                           | (if known see 2% CFP=6.4.5% a == ==         |  |  |  |  |  |  |  |
| PCT/US03/16296                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |             |                                                                                                                                                                                           |                                           |                                             |  |  |  |  |  |  |  |
| TITLE OF INVENTION MULTIPLE WIRE CABLE CONNECTOR APPLICANT(S) FOR DO/EO/US Konrad W. Brandt and Guenter Ploehn Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |             |                                                                                                                                                                                           |                                           |                                             |  |  |  |  |  |  |  |
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| APPLICANT(\$) FOR DO/EO/US Konrad W. Brandt and Guenter Ploehn Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TITLE OF INVENTION        |             |                                                                                                                                                                                           |                                           |                                             |  |  |  |  |  |  |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |             |                                                                                                                                                                                           |                                           |                                             |  |  |  |  |  |  |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  This is a FIRST submission of items concerning a filing under 35 USC § 371.  This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 USC § 371.  This is an express request to begin national examination procedures (35 USC § 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.  The US has been elected (Article 31).  A copy of the International Application as filed (35 USC § 371(c)(2)).  a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | APPLICANT(S) FOR DO/EO/US |             |                                                                                                                                                                                           |                                           |                                             |  |  |  |  |  |  |  |
| information: 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Konra                     | dW.         | Brandt and Guenter Ploehn                                                                                                                                                                 | D 1 100 1 100 100 100 100 100 100 100 10  | 10) 11- 5-11- 11- 11- 11- 11- 11- 11- 11- 1 |  |  |  |  |  |  |  |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |             | rewith submits to the United Stat                                                                                                                                                         | es Designated/Elected Office (DO/EO/U     | the following items and other               |  |  |  |  |  |  |  |
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| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3.                        |             | This is an express request to begin national examination procedures (35 USC § 3/1(f)). The submission must include items (5), (6), (9) and (21) indicated below.                          |                                           |                                             |  |  |  |  |  |  |  |
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| b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5.                        | $\boxtimes$ |                                                                                                                                                                                           |                                           |                                             |  |  |  |  |  |  |  |
| c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | a.          | is attached hereto (required                                                                                                                                                              | only if not communicated by the Interna   | itional Bureau).                            |  |  |  |  |  |  |  |
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| b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1.                        | ٦<br>ا      | Amendments to the claims of the international Application under PCT Afficie 19 (35 050 § 37 (C)(3))  are attached hereto (required only if not communicated by the International Bureau). |                                           |                                             |  |  |  |  |  |  |  |
| c.  ☐ have not been made; however, the time limit for making such amendments has NOT expired d.  ☐ have not been made and will not be made.  8.  ☐ An English language translation of the amendments to the claims under PCT Article 19 (35 USC § 371(c)(3)).  9.  ☐ An oath or declaration of the inventor(s) (35 USC § 371 (c)(4)).  10.  ☐ An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 USC §§ 371(c)(5)).  11.  ☐ An Information Disclosure Statement under 37 CFR §§ 1.97 and 1.98.  12.  ☐ An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.  13.  ☐ A preliminary amendment.  14.  ☐ An Application Data Sheet under 37 CFR § 1.76.  15.  ☐ A substitute specification.  16.  ☐ A power of attorney and/or change of address letter.  17.  ☐ A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR §§ 1.821 – 1.825.  18.  ☐ A second copy of the published international application under 35 USC § 154(d)(4).  19.  ☐ A second copy of the English language translation of the international application under 35 USC § 154(d)(4).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |             |                                                                                                                                                                                           |                                           |                                             |  |  |  |  |  |  |  |
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| 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |             |                                                                                                                                                                                           |                                           |                                             |  |  |  |  |  |  |  |
| An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 USC §§ 371(c)(5)).  Items 11 to 20 below concern document(s) or information included:  11.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8.                        |             |                                                                                                                                                                                           |                                           |                                             |  |  |  |  |  |  |  |
| An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 USC §§ 371(c)(5)).  Items 11 to 20 below concern document(s) or information included:  11.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9.                        |             |                                                                                                                                                                                           |                                           |                                             |  |  |  |  |  |  |  |
| Items 11 to 20 below concern document(s) or information included:  11.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10.                       |             |                                                                                                                                                                                           |                                           |                                             |  |  |  |  |  |  |  |
| <ul> <li>11.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -                         | _           |                                                                                                                                                                                           |                                           |                                             |  |  |  |  |  |  |  |
| <ul> <li>11.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Items                     | 11 to       | 20 below concern document(s                                                                                                                                                               | s) or information included:               |                                             |  |  |  |  |  |  |  |
| <ul> <li>12.  An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>13.  A preliminary amendment.</li> <li>14.  An Application Data Sheet under 37 CFR § 1.76.</li> <li>15.  A substitute specification.</li> <li>16.  A power of attorney and/or change of address letter.</li> <li>17.  A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR §§ 1.821 – 1.825.</li> <li>18.  A second copy of the published international application under 35 USC § 154(d)(4).</li> <li>19.  A second copy of the English language translation of the international application under 35 USC § 154(d)(4).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |             |                                                                                                                                                                                           |                                           |                                             |  |  |  |  |  |  |  |
| included.  13.  A preliminary amendment.  14.  An Application Data Sheet under 37 CFR § 1.76.  15.  A substitute specification.  16.  A power of attorney and/or change of address letter.  17.  A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR §§ 1.821 – 1.825.  18.  A second copy of the published international application under 35 USC § 154(d)(4).  19.  A second copy of the English language translation of the international application under 35 USC § 154(d)(4).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |             |                                                                                                                                                                                           | ~~                                        | pliance with 37 CFR 3.28 and 3.31 is        |  |  |  |  |  |  |  |
| <ul> <li>13.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           | _           | •                                                                                                                                                                                         |                                           |                                             |  |  |  |  |  |  |  |
| <ul> <li>14.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 13.                       |             |                                                                                                                                                                                           |                                           |                                             |  |  |  |  |  |  |  |
| <ul> <li>15.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           | =           | ·                                                                                                                                                                                         |                                           |                                             |  |  |  |  |  |  |  |
| <ul> <li>16. A power of attorney and/or change of address letter.</li> <li>17. A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR §§ 1.821 – 1.825.</li> <li>18. A second copy of the published international application under 35 USC § 154(d)(4).</li> <li>19. A second copy of the English language translation of the international application under 35 USC § 154(d)(4).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           | =           |                                                                                                                                                                                           |                                           |                                             |  |  |  |  |  |  |  |
| <ul> <li>17.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | •                         | _           | •                                                                                                                                                                                         | nge of address letter                     |                                             |  |  |  |  |  |  |  |
| <ul> <li>1.825.</li> <li>18.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           | =           |                                                                                                                                                                                           |                                           | CT Rule 13fer 2 and 37 CFR 88 1 821 -       |  |  |  |  |  |  |  |
| 19. A second copy of the English language translation of the international application under 35 USC § 154(d)(4).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 17.                       |             |                                                                                                                                                                                           |                                           |                                             |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18.                       |             | A second copy of the published international application under 35 USC § 154(d)(4).                                                                                                        |                                           |                                             |  |  |  |  |  |  |  |
| 20.  Other items or information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 19.                       |             | A second copy of the English la                                                                                                                                                           | nguage translation of the international a | pplication under 35 USC § 154(d)(4).        |  |  |  |  |  |  |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20.                       |             | Other items or information:                                                                                                                                                               |                                           |                                             |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |             | `                                                                                                                                                                                         |                                           |                                             |  |  |  |  |  |  |  |

## Filing of Papers and Fees by Express Mailing

Pursuant to 37 CFR § 1.10, this application and the documents and fees listed on this transmittal letter are being deposited on the date indicated below with the United States Postal Service "Express Mail Post Office to Addressee" service addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Date of Deposit

Express Mail Label No.

DECEMBER 23, 2004

taEV570263532US

DT15 Pec'd FCT/PTD (2.3 DEC 2004

| U.S. APPLN. NO. (in)known, see a                                                                                                                                                                     | 765                                                                  | 2              | INTERNATION PCT/US03/1 | NAL APPN. NO<br>6296 | ATTORNEY'S D<br>57477US004                 | OCKET NO.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------|------------------------|----------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 21. The following fees are                                                                                                                                                                           | submitted:                                                           |                |                        |                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| a) Basic national fee                                                                                                                                                                                |                                                                      |                |                        |                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| b) Examination fee                                                                                                                                                                                   |                                                                      |                |                        |                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| C) Search fee                                                                                                                                                                                        |                                                                      |                |                        |                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| TOTAL OF ABOV                                                                                                                                                                                        | \$1,000.00                                                           |                |                        |                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| Additional fee for                                                                                                                                                                                   |                                                                      |                |                        |                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| sheets (excluding                                                                                                                                                                                    | sheets (excluding sequence listing or computer program listing filed |                |                        |                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| in an electronic m                                                                                                                                                                                   |                                                                      |                |                        |                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| sheets of paper o                                                                                                                                                                                    | r fraction th                                                        | ereof.         |                        |                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| SHEET CALCULATION                                                                                                                                                                                    | NUMBE                                                                | RFILED         | EXTRA                  | RATE                 | Fees                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| Size Fee for each add'l 50                                                                                                                                                                           |                                                                      | -100           | 0                      | \$250.00             | \$0.00                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| sheets of appln. over 100                                                                                                                                                                            |                                                                      |                |                        |                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR § 1.492(e)).                                                       |                                                                      |                |                        |                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|                                                                                                                                                                                                      |                                                                      |                | EVED 4                 |                      | <b>-</b>                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| CLAIMS                                                                                                                                                                                               |                                                                      | RFILED         |                        |                      | Fees                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| Total claims                                                                                                                                                                                         | 19                                                                   | - 20 =         |                        | x \$50.00            | \$0.00                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| Independent claims                                                                                                                                                                                   | 1 ]                                                                  | - 3 =          |                        | x \$200.00           | \$0.00                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| Add'I fee for one or more mu                                                                                                                                                                         | itiple depen                                                         | ident clair    |                        | \$360.00             | \$0.00                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| Applicant claims small ent                                                                                                                                                                           | it atatus C                                                          | 00 27 CEE      |                        | al Amount Due        | <b>\$1,000.00</b><br>\$0.00                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| The fees indicated above                                                                                                                                                                             |                                                                      |                | 3 1.27.                |                      | \$0.00                                     | about the receiver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |
| The lees melaced above                                                                                                                                                                               | 4101044004                                                           | <i>by</i> 1/2. |                        | SUBTOTAL =           | \$1,000.00                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| Processing fee of \$130.00 for fu                                                                                                                                                                    | rnishina the E                                                       | English tra    | nslation later tha     |                      | \$0.00                                     | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
| from the earliest priority date (37                                                                                                                                                                  | -                                                                    | _              |                        |                      | ,                                          | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |
|                                                                                                                                                                                                      |                                                                      |                | TOTAL NA               | TIONAL FEE =         | \$1,000.00                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| Fee for recording the enclosed a                                                                                                                                                                     | \$0.00                                                               | riordanida     |                        |                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| be accompanied by an appropriation property                                                                                                                                                          | ate cover she                                                        | et (37 CFI     | R §§ 3.28, 3.31)       | \$40.00 per          |                                            | and the second s |  |  |  |  |
| property                                                                                                                                                                                             |                                                                      |                | TOTAL FEES             | ENCLOSED =           | \$1,000.00                                 | ***                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |
|                                                                                                                                                                                                      |                                                                      |                |                        |                      | Amount to be                               | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                                                                      |                                                                      |                |                        |                      | refunded:                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|                                                                                                                                                                                                      |                                                                      |                |                        |                      | Amount to be                               | \$1,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
|                                                                                                                                                                                                      |                                                                      |                |                        |                      | charged                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| a.                                                                                                                                                                                                   | n the amoun                                                          | t of \$        | to co                  | ver the above feet   | s is enclosed.                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| <u> </u>                                                                                                                                                                                             |                                                                      |                |                        |                      | \$ <u>1,000.00</u> to cove                 | r the above fees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
|                                                                                                                                                                                                      | te copy of th                                                        |                |                        |                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|                                                                                                                                                                                                      |                                                                      |                |                        |                      | fees which may be<br>py of this sheet is e |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|                                                                                                                                                                                                      | •                                                                    | •              |                        |                      | • •                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| NOTE: Where an appropriate time limit under 37 CFR § 1.495 has not been met, a petition to revive (37 CFR § 1.137(a) or (b)) must be filed and granted to restore the application to pending status. |                                                                      |                |                        |                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| Signature Melanie ( 5550)                                                                                                                                                                            |                                                                      |                |                        |                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| Name:                                                                                                                                                                                                | ne (                                                                 | رص             |                        | Registration Nu      | ımber:                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| MELANIE G. GOVER                                                                                                                                                                                     |                                                                      |                |                        | 41,793               |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| Address:                                                                                                                                                                                             |                                                                      |                |                        | 1                    |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| Office of Intellectual                                                                                                                                                                               |                                                                      |                |                        |                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| 3M Innovative Proper P.O. Box 33427                                                                                                                                                                  | ues compa                                                            | шу             |                        |                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| St. Paul, Minnesota 55133-3427                                                                                                                                                                       |                                                                      |                |                        |                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |

|                                        | ,                           | ÐΓ                                   | 14                 | Rec                                                                                              | 'd F                                                             | PC1                      | PT                                                                                       | 0                     | 2                                                   | 3                           | Û              | EC                                              | 2004             |  |
|----------------------------------------|-----------------------------|--------------------------------------|--------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------|-----------------------------|----------------|-------------------------------------------------|------------------|--|
| First Named Inventor: Konrad W. Brandt | Applie Case No.: 57477US004 | Title: MULTIPLE WIRE CABLE CONNECTOR | File N Enclosures: | Tiled SPS Transmittal Letter (2007) 10 Dans of Specification (not including Claims and Abstract) | ✓ Ø M—14-rages of Specification (including ciannic and received) | 人の国 9-Sheets of Drawings | Pages U Declaration/Power of Attorney Pages Assignment with Recordation Form Cover Sheet | Additional Documents: | Sheet Amount charged to Deposit Account: \$1,000.00 | Attorney (initials): MGG/jt | Date: 12-23-04 | Draft 1 Express Mail Label No.: EV 570263532 US | Attorn 10/519652 |  |
|                                        |                             | '                                    |                    | •                                                                                                |                                                                  | :                        |                                                                                          |                       |                                                     |                             |                |                                                 |                  |  |